

**(FORM MUST BE FILLED OUT IN BLACK INK OR TYPED)**  
**CERTIFICATE OF BUSINESS NAME**  
**FOR PARTNERSHIP**

CERTIFICATE REQUIRED TO BE FILED BY PARTNERS CONDUCTING  
BUSINESS IN THE COMMONWEALTH OF VIRGINIA UNDER AN ASSUMED OR  
FICTITIOUS NAME

We, the undersigned, do hereby certify in accordance with the provisions of 59.1-69 of the 1950 Code of Virginia that we are conducting as co-partners the business of

\_\_\_\_\_  
**(Type of Business)**

at \_\_\_\_\_  
                    **(Street Address)**                    **(City)**                    **(State)**                    **(Zip Code)**  
Loudoun County, Virginia under the name of:

\_\_\_\_\_  
**(Name of Business)**

that the full names of each and every person composing the said co-partnership business, with their respective post office and residence addresses, are:

FULL NAME	ADDRESS	PHONE NUMBER
_____	_____	_____
_____	_____	_____
_____	_____	_____

that the name and style of the firm is as herein above set forth, the length of time for which the partnership is to continue is indefinite, and the locality of our place of business is as herein above shown.

Given under our hands this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Commonwealth of Virginia  
County of Loudoun, to-wit:

I, the undersigned Deputy Clerk (Notary Public) in and for the Commonwealth and County, aforesaid, do hereby certify that \_\_\_\_\_

\_\_\_\_\_  
whose names are signed to the foregoing and hereunto annexed Certificate dated the \_\_\_\_\_ day

of \_\_\_\_\_, \_\_\_\_\_, have each this day personally appeared before me and acknowledged the same before me in my office.

Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

My Commission Expires : \_\_\_\_\_  
\_\_\_\_\_  
Deputy Clerk (Notary Public)